



HEALTH MANAGEMENT ASSOCIATES

Perinatal OUD & SUD and the California Mother & Baby Substance Use Exposure Initiative Project Overview

San Diego Health Services Advisory Board
October 1, 2019



OVERVIEW OF DISCUSSION

- Epidemiology and State of San Diego Ecosystem
- Neurobiology of Addiction
- Impact of SUD on Moms and Babies
- Mom and Baby Substance Exposure Initiative
- Opportunities in San Diego
- Take Home Messages





- SAMHSA data: > 400,000 infants are exposed to EtOH or other illicit/inappropriate drug use during pregnancy
- Number of pregnant women with OUD increased from 1.5/1000 → 6.5/1000 live births (1999-2014)
- CA prevalence 1.6/1000 live births (6.5/1000 in US)
- Annual rates of ↑ were lowest in CA and HI (0.1/1000/yr) and highest in VT, ME, NM, WV (VT prevalence is 48.6/1000)

San Diego County: Population 3,095,313



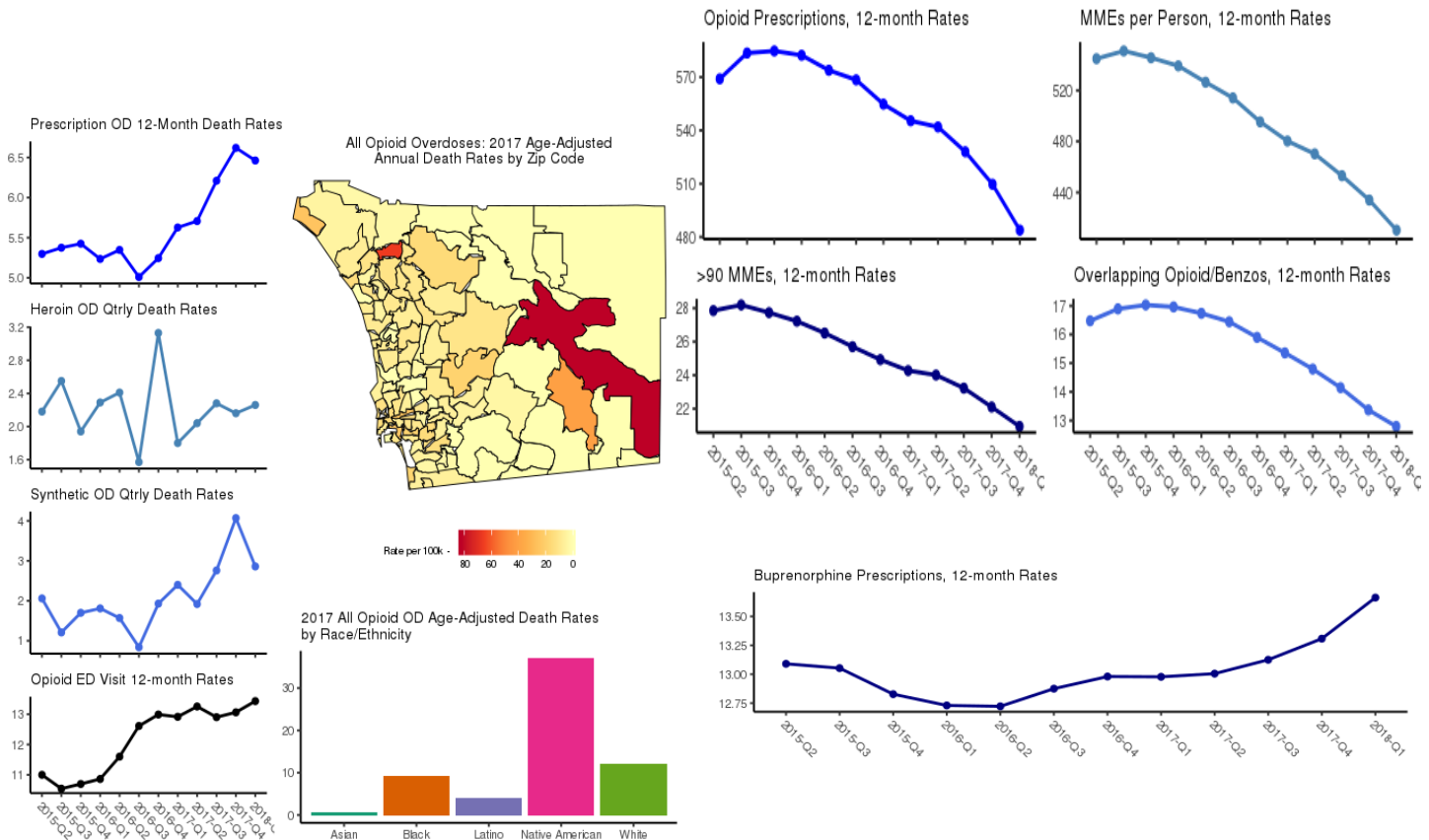
ADDITIONAL FACTORS

- + Coalition: San Diego Prescription Drug Abuse Task Force (PDATF)
- + SAMHSA Funds: \$3,643,234
- + Drug Medi-Cal Organized Delivery System? Yes
- + Presence of CA Bridge: Yes
- + Hub + 10 Spoke Sites
- + X-Waivered Providers: 171

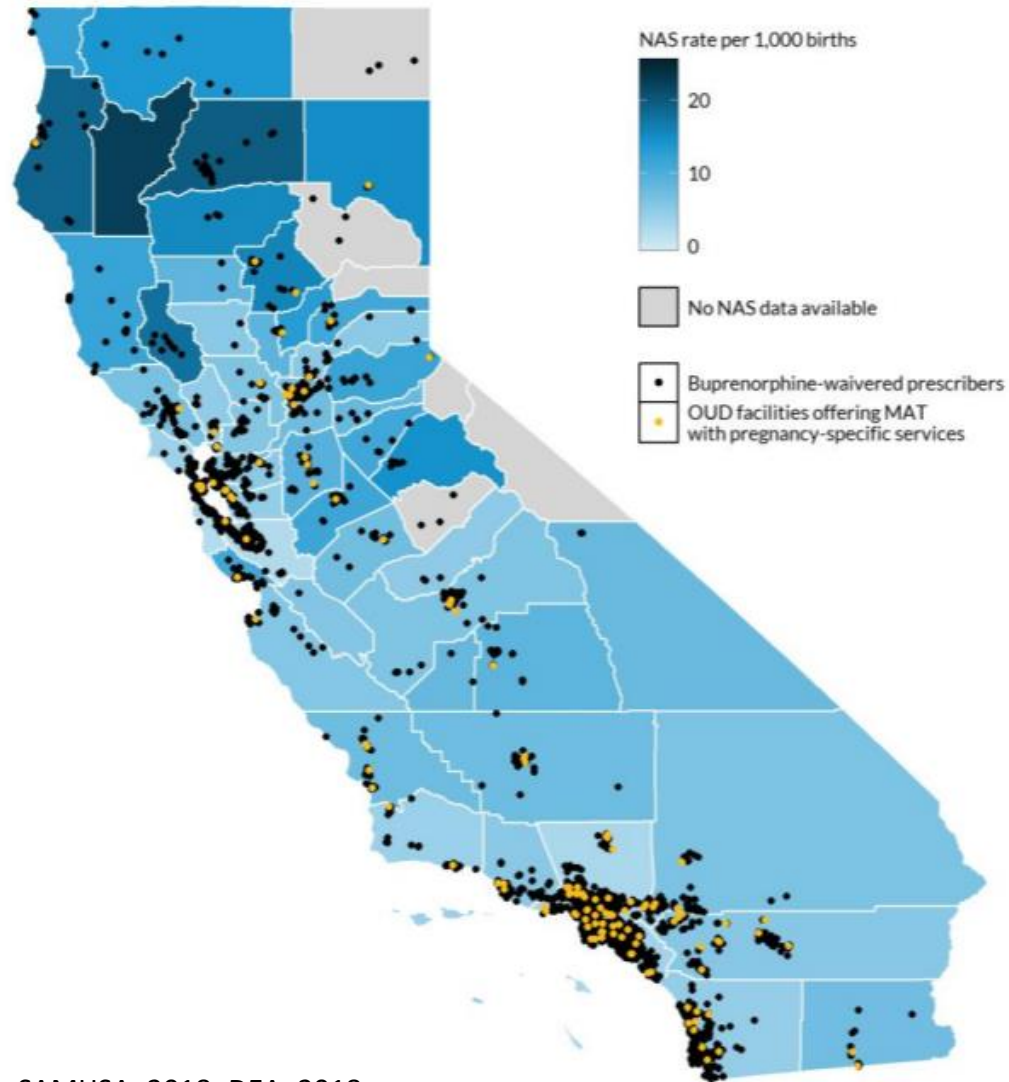
STATISTICS

- + OUD Death Rate (per 1000)
 - + 2018: 7.3, Rank 4/9 (N=265)
 - + 2017: 7.8, Rank 2/9
- + All Drug Death Rate
 - + 2017: 13.5, Rank 5/9
 - + 2016: 12.3, Rank 6/9
- + ED Opioid Rate
 - + 2017: 21.3, Rank 7/9
 - + 2016: 21.3, Rank 7/9
- + 27 Hospitals
- + 162 Pharmacies
- + 13 FQHCs
- + Methadone Pt Rate 127.5: Rank 17/58
- + Opioid Rx Rate: 419.6

San Diego County Continued



CALIFORNIA: Neonatal Abstinence Syndrome Rates and MAT Treatment Sites



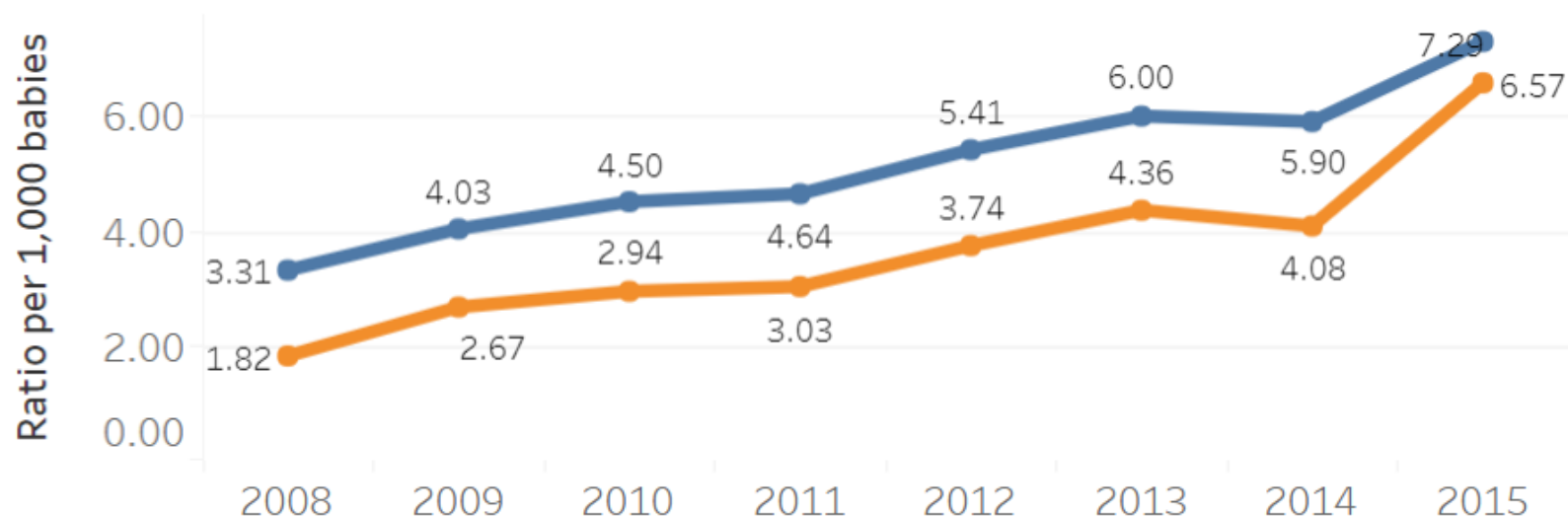
Source: OSHDP 2016; SAMHSA, 2018; DEA, 2018

Newborns affected by drugs

In 2015, 7.29* out of every 1,000 babies born to California parents was affected by drugs transmitted by placenta or breast milk. That ratio has increased since 2008.

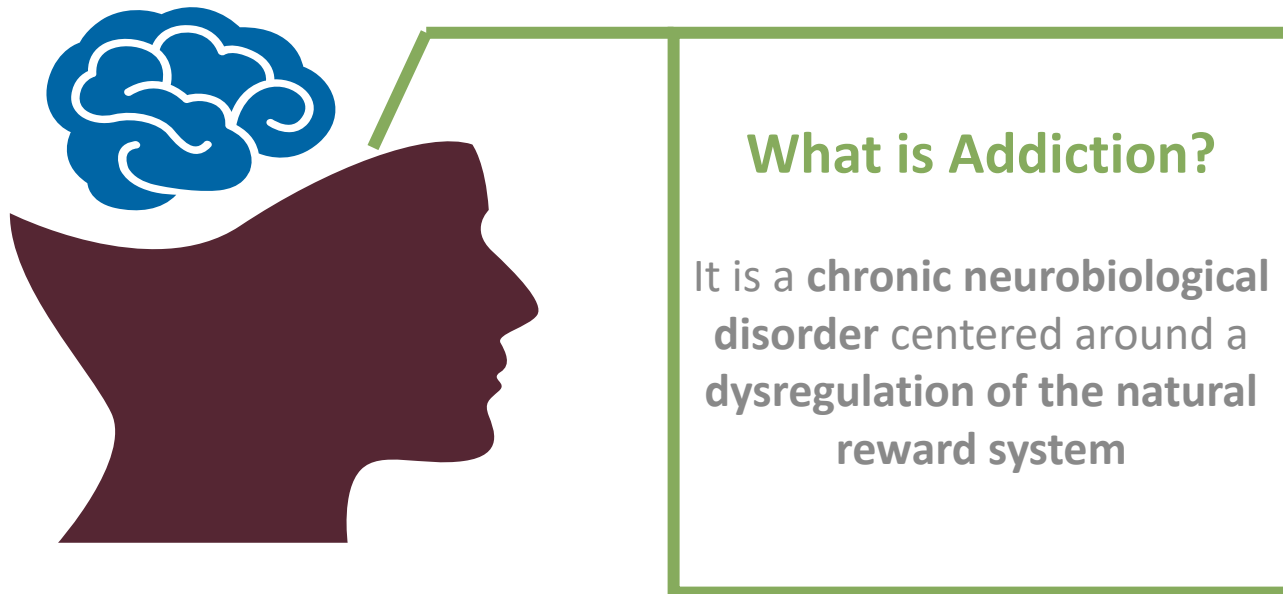
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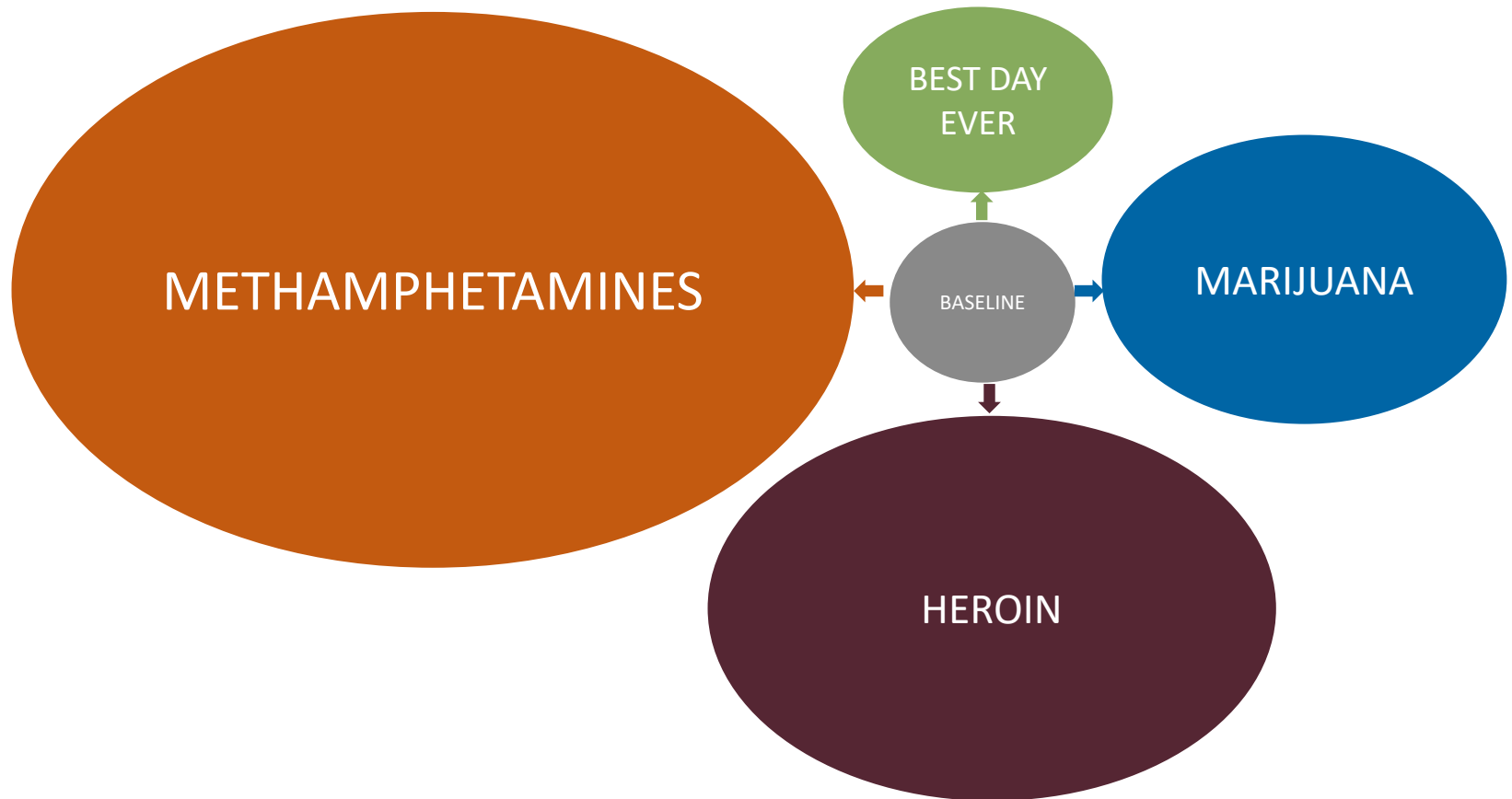
■ California ■ San Diego



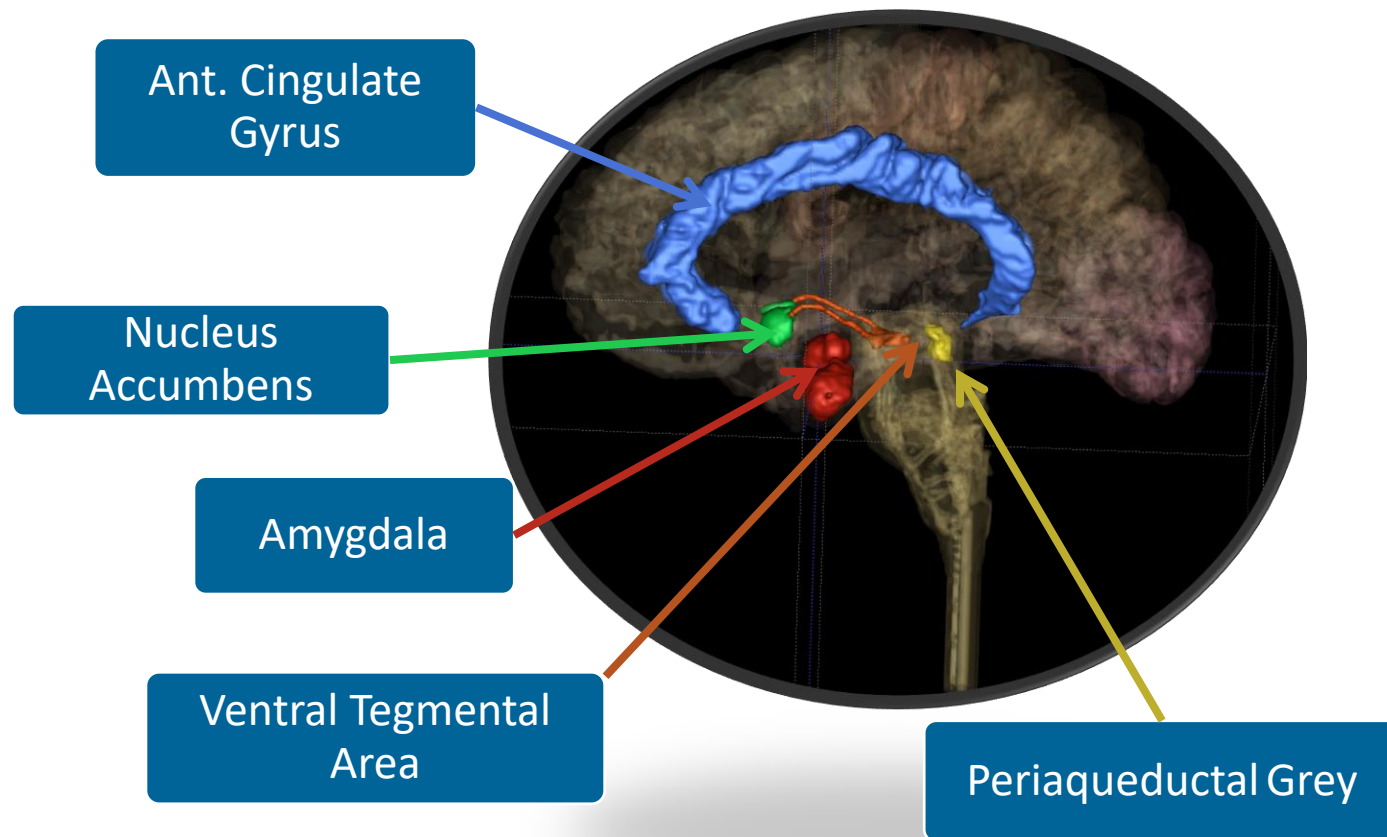
*This rate does not include babies affected who were not born in a hospital. Also does not include babies for whom parents reported a ZIP code that couldn't be matched with a California county.

Source: OSHPD: 2008 – 2015 (claims data)



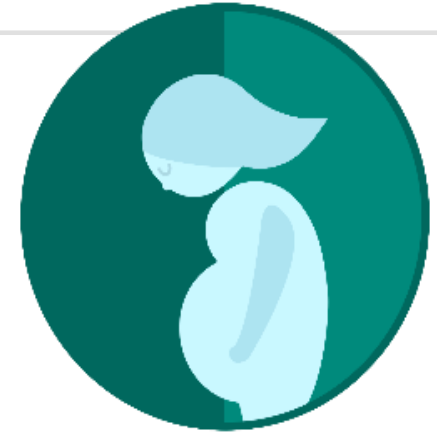


ADDICTION 101 – NEUROBIOLOGY OF ADDICTION



■ CASE STUDY: KAYLA

- + Family history of addiction
- + Moderate early life trauma
- + Addiction to oral opioids
- + Poorly controlled anxiety
- + Physical dependence and addiction to opioids and benzodiazepines
- + Pregnant
- + Diversion after 1st offense → Overdose episode
- + NO SOCIAL SUPPORT
- + Hospital Staff made her feel judged and worthless as a parent



Lack of
Dopamine

Survival
Mode

Craving

Primal
Action¹¹

■ THE REST OF THE STORY FOR THE MOMS WITH THIS CHRONIC DISEASE

- Not managing OUD during pregnancy is deleterious
 - Abrupt discontinuation of opioids → preterm labor, fetal distress and fetal demise
 - Detox/withdrawal is not recommended
 - Unplanned pregnancies among women with OUD is high
- Access to PNC *and* treatment for women OUD→
 - Better PNC
 - Fewer preterm, SGA and LBW births
 - Less relapse during pregnancy
 - Fewer late post-partum OD deaths
- Pregnancy is motivating → seek treatment, shore up protective factors necessary to parent and optimize LT recovery
- Medicaid covers >80% of births to moms with OUD
- Dearth of specific OUD treatment programs for pregnant women

■ NEONATAL ABSTINENCE SYNDROME: THE HARD FACTS

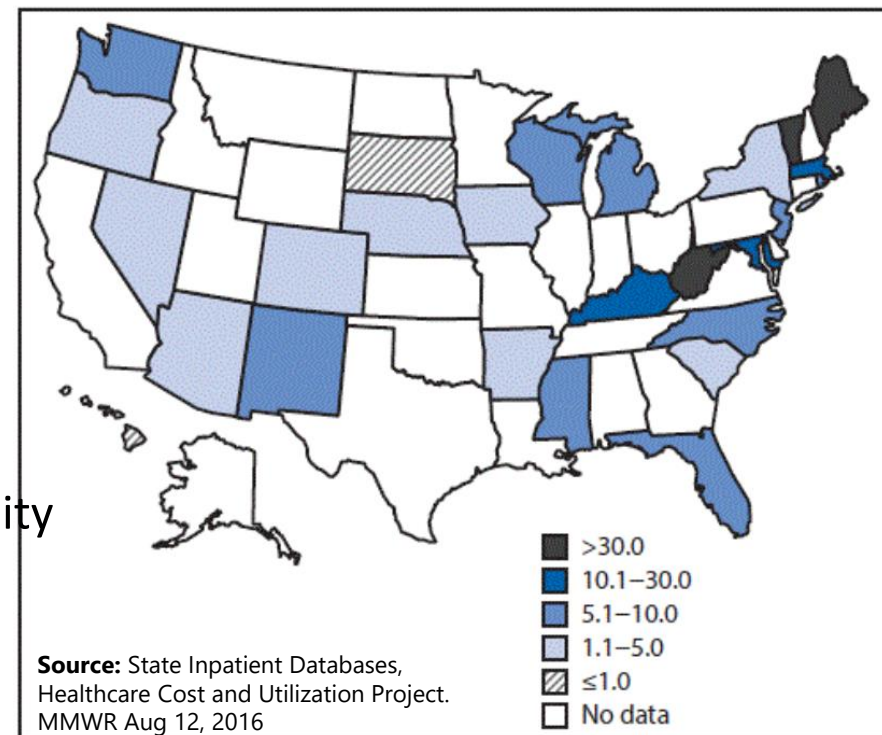
NAS is a post-birth drug withdrawal syndrome characterized by:

CNS irritability

Autonomic hyperreactivity

GI dysfunction

- CA incidence of NAS has been stable around 1.2/1000 live births
- The US incidence of NAS ↑d from 1.5/1000 – 6.0/1000 live births
- That increase has added ~\$1.5B in annual hospital charges
- NAS data is ALWAYS an undercount of reality
- NAS is not the only challenge exposed infants face



■ THE REST OF THE STORY: FOR THE NEWBORNS

- NAS may not be recognized
 - Early d/c will miss symptoms if no index of suspicion
 - Onset of NAS varies depending on type of opioid and other exposures
- Having a protocol for identification and management is critical
 - Objective tools for ID and monitoring of NAS
 - Experienced in-hospital caregivers
 - Intervention with mixed modalities
 - Engaging moms/families
 - Meaningful d/c planning
- Goals
 - Optimize growth and development
 - Minimize negative outcomes
 - Support secure attachment and post-discharge opportunity for health and wellbeing
 - Reduce lengths of stay and treatment*



MEDICATION ASSISTED TREATMENT (MAT): Evidence-base and Impact

MAT	OD Deaths	Retention in Treatment	Pregnancy Outcomes	NAS
Detoxification/Withdrawal				
Methadone				
Buprenorphine (Mono)				
Buprenorphine/Naloxone				
Naltrexone				

MAT is the standard of care for the treatment of pregnant women with OUD

MOTHER & BABY SUBSTANCE EXPOSURE INITIATIVE:

THE OLD WAY
No Bonding
No Treatment

HMA
HEALTH MANAGEMENT ASSOCIATES

CMQCC
California Maternal
Quality Care Collaborative

CPQCC
california perinatal
quality care collaborative

CARING BETTER

- ★ Optimal Recovery & Support
- ★ Optimal Infant Growth & Development

FAMILY CENTERED CARE
Personalized Integrated Delivery Plan

**PRESERVE MOTHER-
BABY CONNECTION**



COMPREHENSIVE WELL CHILD CARE



• Plan of
Safe Care

• Moms' Recovery
Treatment Pathway



Treatment Centers ASAM Levels of Care

Open Door

HOSPITAL

Continuing Care

Learning Collaboratives

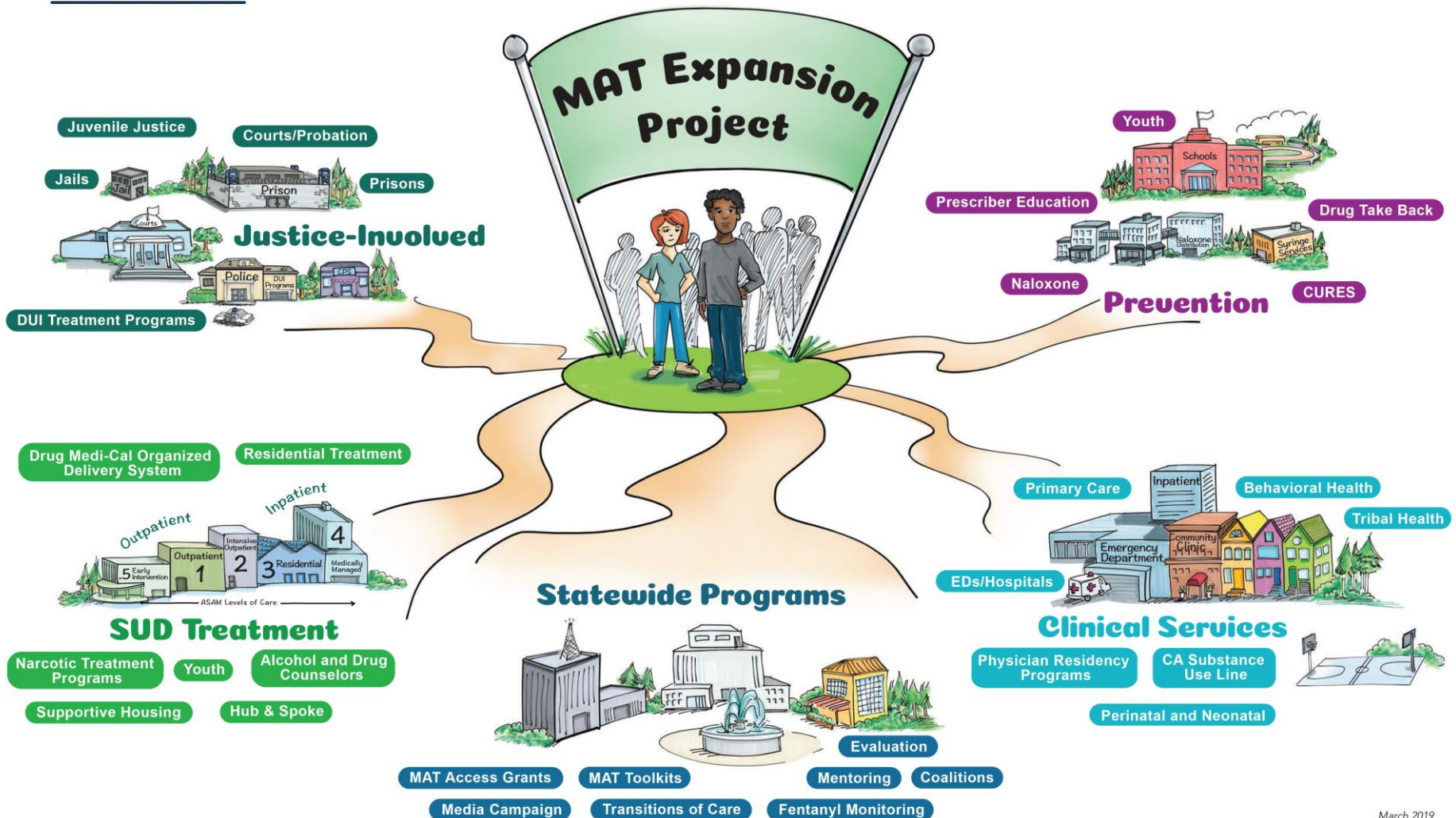
Technical Assistance

Resource Library

EXPAND TREATMENT AND COMMUNITY CAPACITY



In California, Treatment Starts Here



■ MOTHER & BABY SUBSTANCE USE EXPOSURE OVERVIEW

HMA will work to deliver state-of-the-art treatment from the prenatal phase to the post-delivery phase.

This work will be accomplished through:

- + **Outreach** and relationship building including the hosting of an informational community-facing events
- + Development of **protocols, guidelines, safety bundles and toolkits** of OB, NICU, and Pediatrics
- + Curating and **distribution of patient facing materials**
- + Expanding **treatment access points** (quick start sites)
- + Facilitation of **learning collaboratives**
- + Providing **technical assistance** to providers
- + Providing an online **resource library**

Project Outcomes Include

- + Decrease in **NAS length of stay**
- + Decrease in **NAS severity**
- + Decrease in the number of **unnecessary Child Protective Service referrals**
- + Increase in **moms in long term recovery**
- + **Identify and treat** at least 50% of predicted individuals in the target counties

■ MOTHER & BABY SUBSTANCE EXPOSURE INITIATIVE COUNTY SELECTION

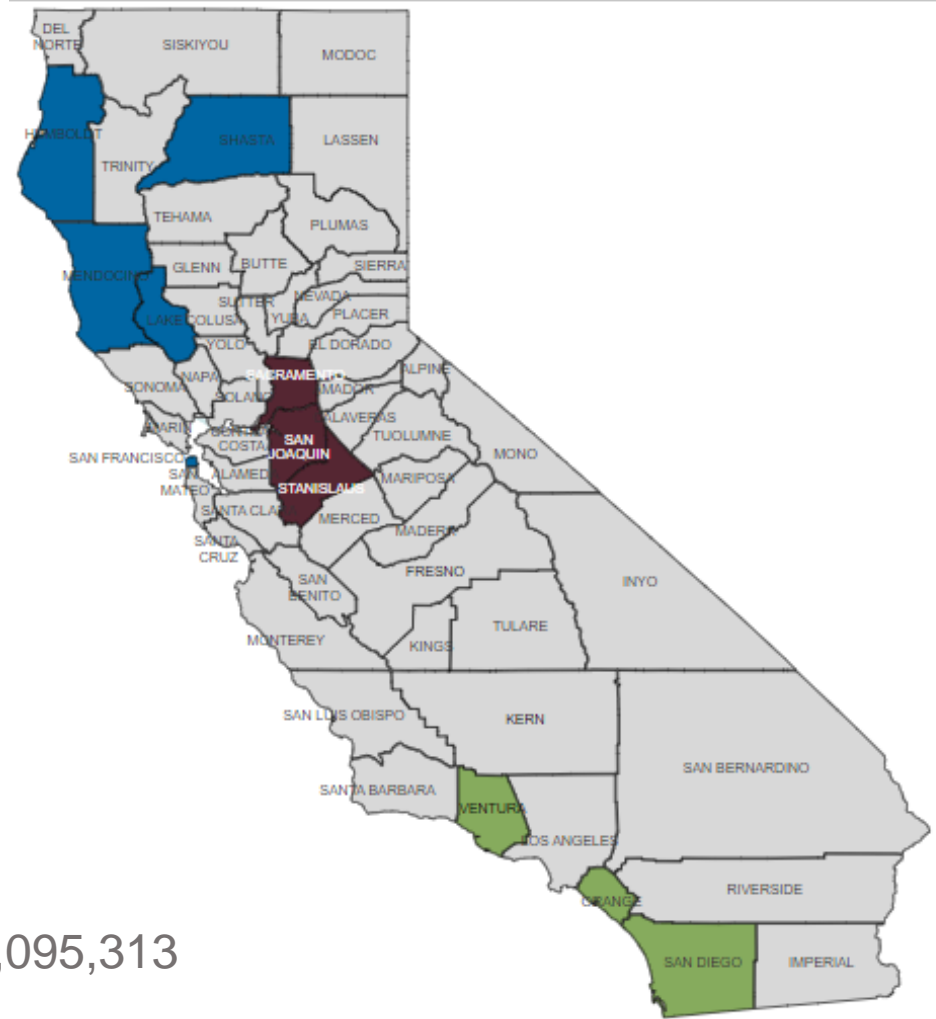
+ Regional distribution:

- + **Northern California:**
Humboldt*, Mendocino*,
Lake*, Shasta
- + **Central Valley:** Sacramento,
Stanislaus, San Joaquin
- + **Southern California:**
Ventura*, Orange*, San
Diego*

*same counties as Transitions

+ Diverse representation:

- + Mix of urban and rural
- + Population range: 64,665 - 3,095,313
- + Variety of challenges to maximize
learning and scalability



- Communication about Resources and sharing data
- Increasing capacity and access for MAT:
 - Better coordination among your Hub and spokes
 - Office-based opioid treatment (OBOT) providers → flexibility for outpatient prescriptions for MAT
 - Interest in enhancing access for pregnant women
- Need for education about neurobiology of addiction → variation of approaches across sectors
- Managing relationship with neighboring counties
- Technical Assistance from the MBSE Initiative

■ MOTHER & BABY SUBSTANCE USE EXPOSURE: TAKE HOME MESSAGES

- *If you don't look for it you won't find it*
- *Like every other medical disease, evidence-based medical treatments exist and must be offered*
- *Non-pharmacologic treatment probably works for the majority of infants with NAS*
- *Provide supports to enable moms, babies and families to stay together*
- *Start with humanity as the deepest element of your initial contact with women who have SUD*
- *Systems of care for women with OUD or SUD, as for any other medical disorder, should always address transitions from one location of care to another*

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PRENATAL

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- Initiate MAT Treatment



Learning Collaboratives

Technical Assistance

Resource Library

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